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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Cure 4 Louisiana's Future PAC 50 S. Jones Blvd #201 ADDRESS (number and street) (Check if address is changed) Las Vegas 89107 NV CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS chrissie@incompliance.net (Check if address is changed) Optional Second E-Mail Address cameron@incompliance.net COMMITTEE'S WEB PAGE ADDRESS (URL) www.cure4lafuture.com (Check if address is changed) DATE 2016 C00607234 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Chrissie Hastie Type or Print Name of Treasurer Chrissie Hastie [Electronically Filed] 01 2016 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only Local 202-694-1100

FE	C For	m 1 (Revised 02/2009)	Page 2
		DMMITTEE Committee:	
(a)		This committee is a principal campaign committee. (Complete the candidate information below)
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Corinformation below.)	nplete the candidate
Name of Candida			
Candida Party A		Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name o			
Party	Com	mittee: (National, State	(Democratic,
(d)		This committee is a or subordinate) committee of the	Republican, etc.) Party
Politic	cal A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	X	This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	egregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint F	Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, at least one of which is an authorized committee of a federal candidate	
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for transmittees/organizations, none of which is an authorized committee of a federal candidate.	
	Comr	nittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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Write or Type Committee Na		
Cure 4 Louisia	ana's Future PAC	
6. Name of Any Connecte	d Organization, Affiliated Committee, Joint Fundraising Representative, or Leade	rship PAC Sponsor
NONE		
Mailing Address		
	CITY	ZID CODE
	CITY STATE	ZIP CODE
Relationship: Connec	cted Organization Affiliated Committee Joint Fundraising Representative	_eadership PAC Sponsor
 Custodian of Records: I books and records. 	dentify by name, address (phone number optional) and position of the person in p	ossession of committee
Chrissi	e Hastie	
Full Name	,50 S. Jones Blvd. #201	
Mailing Address		
	Las Vegas , NV , 89107	
	Las Vegas NV 89107	
Title or Position	CITY STATE	ZIP CODE
Treasurer	702 Telephone number	259 - 5559
 Treasurer: List the name any designated agent (e.g 	and address (phone number optional) of the treasurer of the committee; and the g., assistant treasurer).	name and address of
Full Name Chrissie	e Hastie	
of Treasurer		
Mailing Address	50 S. Jones Blvd. #201	
	Las Vegas NV 89107	
Title or Position	CITY STATE	ZIP CODE 259 5559
<u> </u>	Telephone number	

FEC Form 1 (R		
Full Name of Designated Agent Cam	neron Phillips	
Mailing Address	50 S. Jones Blvd. #201	
	Las Vegas CITY STATE	39107 ZIP CODE
Title or Position Assistant Treasurer	Telephone number 702	5559
Banks or Other Depos safety deposit boxes or	sitories: List all banks or other depositories in which the committee deposits fund	ls, holds accounts, rents
Name of Bank, Deposit	tory, etc.	
Name of Bank, Deposit		
Name of Bank, Deposit	tory, etc.	
Name of Bank, Deposit	tory, etc. ase Bank	
Name of Bank, Deposit	tory, etc. ase Bank 6430 W Lake Mead #110	99108
Name of Bank, Deposit	tory, etc. ase Bank 6430 W Lake Mead #110	29108 ZIP CODE
Name of Bank, Deposit	tory, etc. ase Bank 6430 W Lake Mead #110 Las Vegas CITY STATE	
Name of Bank, Deposit Cha Mailing Address	tory, etc. ase Bank 6430 W Lake Mead #110 Las Vegas CITY STATE	
Name of Bank, Deposit Cha Mailing Address	tory, etc. ase Bank 6430 W Lake Mead #110 Las Vegas CITY STATE	
Name of Bank, Deposit Mailing Address Name of Bank, Deposit	tory, etc. ase Bank 6430 W Lake Mead #110 Las Vegas CITY STATE	
Name of Bank, Deposit Mailing Address Name of Bank, Deposit	tory, etc. ase Bank 6430 W Lake Mead #110 Las Vegas CITY STATE	

: 97 A = G7 9 @ G5 B9 CI G H9 L H F 9 @ 5 H9 8 HC 5 F 9 DC F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: F1N Transaction ID:

Please be advised this committee intends to make independent expenditures consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in Speech Now vs. FEC and therefore this committee intends to raise funds in unlimited amounts. This committee will NOT use any of those funds to make contributions, whether direct, in-kind, or via coordinated communications to any federal candidates or federal committees.

Form/Schedule: Transaction ID: